ative risks. Once pregnant, there are only two alternatives: continued pregnancy with childbirth, and termination of the pregnancy. Childbirth poses a 5-fold greater risk of death and a 200-fold greater risk of serious abdominal surgery than pregnancy termination. The raw statistic of a "teen mortality rate of 1.3 per 100,000 procedures" is meaningless to a teen or her partner or parent, except in comparison to the mortality rate of 7.9 per 100,000 for childbirth.[2] Likewise, a risk of emergency abdominal surgical procedures of "1 to 2 per 1,000 teenagers undergoing first-trimester abortions" should be compared with the 20% to 25% (200 to 250 per 1,000) rate of cesarean sections, which is the comparable "emergency abdominal surgical procedure" related to childbirth. Therefore, I show teens—and adults—who have ambivalent or adverse feelings about their pregnancies graphs that illustrate this information in an easily understandable form.

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Dr Bluestein Responds

TO THE EDITOR: Dr Ferguson raises important issues concerning the prevention of unintended pregnancy and informing pregnant teens about medical risks. I agree that the problem of unintended pregnancy is best managed by underutilized preventive strategies such as contraception. Unfortunately, this underutilization is more than a matter of unavailability or adverse social pressure, although these factors are both barriers. Most of the social and developmental issues affecting the use of maternal health services in pregnancy dictate contraceptive usage as well. Consequently family planning should be stressed in the preventive care of adolescents with the use of relationship-building strategies such as my coauthor and I describe. Further discussion of rapport building using patient-centered interviewing skills is presented by Stewart and Roter.[1] Their text points out that effective communication requires appreciating patients' values and perspectives, even when these differ from one's own. On the other hand, arguing for one's beliefs is appropriate in shaping organizational position statements.

Ferguson's second point concerning medical risks underscores the importance of effective patient education. Using a visual strategy such as a simple graph can help to simplify and dramatize information that might not otherwise be understood. I would suggest, however, that except for younger adolescents, the risks of childbearing can be reduced by prenatal care and health-protective behavior during pregnancy and beyond. It is important to share this information as well.

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